

Affordable Care Act

MEDICAID OPTIONS



The mission of the Department of Health Care Finance is to improve health outcomes by providing access to comprehensive, cost-effective and quality health care services for residents of the District of Columbia.

What is Medicaid?

- Joint Federal/State program
- Provides health care coverage for low-income and disabled individuals and families
- Every state has a unique Medicaid program
- Medicaid covers many services to include doctor visits, hospital care, prescriptions, mental health services, transportation and other services
- 1 out of every 3 District residents receive quality health care through Medicaid.

Medicaid Under the ACA

Expands Access to Affordable Coverage

- Creates new eligibility group for childless adults aged 19-64 with income up to 133% of the Federal Poverty Level (FPL)
 - Implemented July 2010
- Creates new mandatory eligibility group for foster care youth who age out of the system – they will be eligible for Medicaid coverage up to age 26
 - Effective January 1, 2014

Medicaid Under the ACA:

Simplifies Medicaid and CHIP

- Replaces complex income rules in place today for non-disabled parents, children, pregnant women, and childless adults
- Modernizes eligibility verification rules to rely primarily on electronic data
- Passive renewals-Effective April 2014

New Income and Household Rules

- New rules to determine income and household size(MAGI)
 - You do not have to file taxes in order to receive Medicaid
- Rules put people in one of three categories –
 - **Adult tax filer:** Your household includes you, your spouse, and any tax dependents
 - **Tax dependents:** Your household is the same as the person claiming you (with some limited exceptions)
 - **Non-filers:** Your household includes yourself and (if living with you) your spouse, children (natural, adopted, or step), and, if under 19, any siblings also under 19
- The income of all tax filers included in your household is counted towards your MAGI amount

Income Levels for Medicaid

There is no asset or resource test

Across the board 5% income disregard

Uses MAGI income methodology


- **Parent/caretaker and Childless adults (age 21-64): 200% FPL**
- **Family: 200% FPL**
- **Pregnant women and Children: 300% FPL**

Threshold in FPL	For 1 person household, monthly	For 2 person household, monthly	For 3 person household, monthly	For 4 person household, monthly
200	\$1,915	\$2,585	\$3,255	\$3,925
300	\$2,873	\$3,878	\$4,883	\$5,888



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Individuals Receiving Medicare: Extra Help

- District residents can apply for the QMB program to help with Medicare premiums and cost-sharing. The program also helps pay for Medicare Part D prescriptions.
- QMB Plus enrollees also receive full Medicaid benefits
- To enroll in either program, you must
 - Be eligible for Medicare Part A
 - Be a District resident
 - Be at or below the income threshold 

Program	Income threshold (FPL)	Income threshold (dollars)
QMB Plus	100% FPL	\$958.00
QMB	300% FPL	\$2,873.00

Income thresholds for DC QMB and QMB Plus Programs for 2013

DC Healthcare Alliance

- The Healthcare Alliance is a locally funded for individuals not eligible for Medicaid
- 200% FPL

Threshold in FPL	1 person	2 person	3 person
200% FPL	\$1,915	\$2,585	\$3, 255

- A face-to-face interview is required at initial application and renewal Alliance coverage
- Does not meet minimum essential coverage (MEC) requirements

What you Need to Know: Recap

- If you have Medicaid or Medicare, you do not have to do anything on October 1, 2013.
- Coverage for current beneficiaries will continue just as before.
- Streamlined application and renewal process
 - Can apply online, by phone, in person, by fax and by mail
 - Effective April, 2014: Passive renewals
- Resources are available to help you!

Questions?

For further information, please contact:

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ELIGIBILITY OPTIONS



DC | DEPARTMENT of
HUMAN SERVICES

Current Application Process

You can immediately apply for Medicaid

1. Fill out an application
2. Mail or fax the application and supporting documents to an ESA Service Center
3. ESA has up to 45 days to decide eligibility

- For Forms and Service Center Locations

Call - (202) 724-5506

Service Centers Locations:

- Anacostia: 2100 Martin Luther King, Jr. Ave, SE
- Congress Heights: 4001 S. Capitol St., SW
- Fort Davis: 3851 Alabama Avenue, SE
- H Street: 645 H Street, NE
- Taylor Street: 1207 Taylor St., NW



Future Application Process

Effective October 1, 2013:

- Online
- By phone
- By mail, fax, or email
- With a community assistor or broker
- In-person with a DHS social service representative

Many ways to apply – “No wrong door”



How Do You Apply?

For Individuals/Families

- Online
- By phone
- By mail, fax, or email
- With a community assistor or broker
- With a DHS social service representative



Will The Application Process Be Different?

- YES!
 - **My Account**- status of case, notifications and account information
 - **Real time** eligibility determination for most
 - **Streamlined** medical insurance application
 - **Electronic** and paper applications and notices
 - **Digital imaging**- scan and upload or fax documents
 - Online and live **help** 24/7



Things You Should Know

- If you are already receiving Medicaid you do not have to do anything different on October 1, 2013.
- October 1, 2013- September 30, 2014 you will have to submit a separate application for Medical insurance than for other public benefits.
- In order to receive help with paying your insurance premiums, you must request financial help for insurance on the online application.



Things You Should Know

- If you are not receiving Medicaid your eligibility will be determined under the new Medicaid rules
- In Fiscal Year 2015 -DHS will add all benefit programs- Only enter information 1 time
- In Fiscal Year 2016 there is a plan to add child care subsidy, LIHEAP, and WIC

